

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Unlocking Potential PAC

ADDRESS (number and street)

1390 CHAIN BRIDGE ROAD #515

☐ Check if different than previously reported. (ACC)

MCLEAN

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564534

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M

11

D D D

04

Y Y Y Y Y Y Y

2014

in the  
State of

VA

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M

D D D

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M

10

D D D

01

Y Y Y Y Y Y Y

2014

through

M M M

10

D D D

15

Y Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer

Cabell Hobbs

[Electronically Filed]

Date

M M M

10

D D D

23

Y Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Unlocking Potential PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	1055646.47	
(c) Total Receipts (from Line 19) .....	24929.00	1695830.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1080575.47	1695830.88
7. Total Disbursements (from Line 31) .....	446399.12	1061654.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	634176.35	634176.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Unlocking Potential PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17025.00

1577437.99

(ii) Unitemized .....

7904.00

118185.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

24929.00

1695623.41

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

24929.00

1695623.41

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

207.47

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

24929.00

1695830.88

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

24929.00

1695830.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	303676.62	740417.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	303676.62	740417.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	142722.50	321237.27
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	446399.12	1061654.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	446399.12	1061654.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24929.00	1695623.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24929.00	1695623.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	303676.62	740417.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	207.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	303676.62	740209.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

<b>A. MR. WILLIAM CURRAN</b> Full Name (Last, First, Middle Initial) Mailing Address 34 W. MUNDHANK ROAD City SOUTH BARRINGTON State IL Zip Code 60010-9557 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2014 <b>Transaction ID : SA11.106609</b> Amount of Each Receipt this Period 300.00 CONTRIBUTION
<b>B. MS. LORNA J. GLADSTONE</b> Full Name (Last, First, Middle Initial) Mailing Address 1161 CREST LANE City MCLEAN State VA Zip Code 22101-1805 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11.106668</b> Amount of Each Receipt this Period 200.00 CONTRIBUTION
<b>C. MR. TED G. GORMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 236 S. 26TH STREET City WEST DES MOINES State IA Zip Code 50265-7688 FEC ID number of contributing federal political committee. C Name of Employer MADISONIAN NEWSPAPER Occupation PUBLISHER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11.106540</b> Amount of Each Receipt this Period 400.00 CONTRIBUTION
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID HORNE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2014 <b>Transaction ID : SA11.106566</b>	
Mailing Address 2229 E. LAIRD WAY		Amount of Each Receipt this Period 275.00	
City SALT LAKE CITY	State UT	Zip Code 84108-1924	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ENERGY INDEPENDENCE	Occupation CHEMICAL ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
Full Name (Last, First, Middle Initial) <b>B. MR. LEONARD M. KIRK</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11.106667</b>	
Mailing Address 6 HUNTER DRIVE		Amount of Each Receipt this Period 200.00	
City BEL AIR	State MD	Zip Code 21014-3934	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>C. MR. GENE MEREDITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2014 <b>Transaction ID : SA11.106608</b>	
Mailing Address 16881 OCEAN DRIVE		Amount of Each Receipt this Period 10000.00	
City FORT BRAGG	State CA	Zip Code 95437-8303	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		10475.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN NEAL**

Mailing Address 903 ORO DAM BLVD W

City  
OROVILLE

State Zip Code  
CA 95965-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCATEL-LUCENT

Occupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11.106500**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. DAVID NOLAN**

Mailing Address 105 E. 80TH STREET

City  
NEW YORK

State Zip Code  
NY 10075-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLENNIUM PARTNERS

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.106517**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. HAROLD ROBINSON**

Mailing Address P.O. BOX 1862

City  
OJAI

State Zip Code  
CA 93024-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.106576**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

## **A. ROGER SAYLER**

Mailing Address 59 WHITE FALL LANE

City  
 NEW CANAAN

State Zip Code  
 CT 06840-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CHURCH PENSION FUND

Occupation  
 INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2014

Transaction ID : SA11.106542

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. CAROLE SPURRIER**

Mailing Address 209 BREEZY CREEK CT

City  
 BERLIN

State Zip Code  
 MD 21811-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.106588

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. BARBARA THEBERGE**

Mailing Address P.O. BOX 181289

City  
 CORONADO

State Zip Code  
 CA 92178-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MANAGEMENT GROUP OF CORONADO

Occupation  
 PROPERTY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.106501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFF WENAAS</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 02 / 2014</div> </div>	
Mailing Address <b>641 54TH AVE CT</b>		<b>Transaction ID : SA11.106516</b>	
City <b>GREELEY</b>	State <b>CO</b>	Zip Code <b>80634-4444</b>	Amount of Each Receipt this Period <div> <div></div> <div>2500.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<b>CONTRIBUTION</b>	
Name of Employer <b>HENSEL OHELPS</b>	Occupation <b>CONTRACTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>2500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div></div> </div>	
Mailing Address		Amount of Each Receipt this Period <div> <div></div> <div></div> </div>	
City	State	Zip Code	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div></div> </div>		
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div></div> </div>	
Mailing Address		Amount of Each Receipt this Period <div> <div></div> <div></div> </div>	
City	State	Zip Code	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div></div> </div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div></div> <div>2500.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div></div> <div>17025.00</div> </div>	

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

### A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21B.9040

Amount of Each Disbursement this Period

458.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

Mailing Address PO BOX 981540

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
EL PASO	TX	79998

Transaction ID : SB21B.9007

Purpose of Disbursement	CREDIT CARD MERCHANT FEES
-------------------------	---------------------------

Amount of Each Disbursement this Period

Age Group	Number of People
13-17	173.38
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	100

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

### C. AMTRAK

Date of Disbursement

Mailing Address 50 MASSACHUSETTS AVE. NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB21B.9038

Purpose of Disbursement	TRAVEL
-------------------------	--------

Amount of Each Disbursement this Period

439.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1070.38

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 35

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

## **A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE. NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SB21B.9043**

Amount of Each Disbursement this Period

204.00

Full Name (Last, First, Middle Initial)

## **B. ANCHO'S RESTAURANT**

Mailing Address 700 SAN JACINTO BLVD

City State Zip Code  
AUSTIN TX 78701

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB21B.9015**

Amount of Each Disbursement this Period

34.69

Full Name (Last, First, Middle Initial)

## **C. AU BON PAIN**

Mailing Address 1100 S HAYES ST STE M132

City State Zip Code  
ARLINGTON VA 22202

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SB21B.9014**

Amount of Each Disbursement this Period

10.14

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

248.83

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

### A. DELTA

Mailing Address PO BOX 20706

City	State	Zip Code
ATLANTA	GA	30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9039

Amount of Each Disbursement this Period

359.60

Full Name (Last, First, Middle Initial)

**B. ENGAGE LLC**

Mailing Address 814 KING STREET SUITE 400

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
10 06 2014

Transaction ID : SB21B.9009

Amount of Each Disbursement this Period

11810.00

Full Name (Last, First, Middle Initial)

### C. FEDERAL CITY CATERERS INC

Mailing Address 1119 12TH ST NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement	CATERING
-------------------------	----------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.9001

Amount of Each Disbursement this Period

1688.25

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

13857.85

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

### A. INTUIT

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, monospace). The first display shows '10', the second shows '07', and the third shows '2014'. The displays are arranged horizontally and separated by slashes.

Category/  
Type

18.86

State:  District:

## B. KRAMER & ASSOCIATES

Category/  
Type

6001.98

State:  District:

**C. MLJ CONSULTING, INC.**

Category/  
Type

42590.00

State:  District:

48610.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 35

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. MLJ CONSULTING, INC.**

Mailing Address PO BOX 371

City ALEXANDRIA      State VA      Zip Code 22313

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014
**Transaction ID : SB21B.9022**

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

**B. OMNI HOTELS**

Mailing Address 700 SAN JACINTO BLVD

City AUSTIN      State TX      Zip Code 78701

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2014
**Transaction ID : SB21B.9047**

Amount of Each Disbursement this Period

394.53

Full Name (Last, First, Middle Initial)

**C. PINNACLE LIST COMPANY**

Mailing Address 2800 SHIRLINGTON RD STE 970

City ARLINGTON      State VA      Zip Code 22206

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2014
**Transaction ID : SB21B.9026**

Amount of Each Disbursement this Period

10829.25

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

71223.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

### A. STAPLES

Mailing Address 500 STAPLES DR.

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement	OFFICE SUPPLIES
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9018

Amount of Each Disbursement this Period

58.47

Full Name (Last, First, Middle Initial)

## B. STRAIGHTLINE DIRECT MARKETING

Mailing Address 550 HIGHLAND STREET #115

City	State	Zip Code
FREDERICK	MD	21701

Purpose of Disbursement	
POSTAGE	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9023

Amount of Each Disbursement this Period

6803.88

Full Name (Last, First, Middle Initial)

### C. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGHWAY

City	State	Zip Code
CENTREVILLE	VA	20121

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9028

Amount of Each Disbursement this Period

121.60

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6983.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. SWIFT LIMOS LLC**

Mailing Address 14631 LEE HIGHWAY

City	State	Zip Code
CENTREVILLE	VA	20121

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

**Transaction ID : SB21B.9046**

Amount of Each Disbursement this Period

83.20
-------

Full Name (Last, First, Middle Initial)

**B. SWIFT LIMOS LLC**

Mailing Address 14631 LEE HIGHWAY

City	State	Zip Code
CENTREVILLE	VA	20121

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.9050**

Amount of Each Disbursement this Period

140.20
--------

Full Name (Last, First, Middle Initial)

**C. SWIFT LIMOS LLC**

Mailing Address 14631 LEE HIGHWAY

City	State	Zip Code
CENTREVILLE	VA	20121

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.9051**

Amount of Each Disbursement this Period

115.20
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

338.60
--------

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

#### A. SWIFT LIMOS LLC

Category/  
Type

Age Group	Percentage
18-24	48.06
25-34	18.18
35-44	18.18
45-54	18.18
55-64	18.18
65-74	18.18
75-84	18.18
85+	18.18

State:  District:

### B. SWIFT LIMOS LLC

Category/  
Type

115.20

State:  District:

C. T J STONE'S

Category/  
Type

36.95

State:  District:

200.21

\_\_\_\_\_

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

**A. TELEPHONE TOWN HALL MEETING INC**

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D13' and has two pins labeled 'D'. The third connector is labeled 'Y2014' and has four pins labeled 'Y'.

Transaction ID : SB21.00044

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

8550.65

**B. TELEPHONE TOWN HALL MEETING INC**

Date of Disbursement

Transaction ID : SB21.00678

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5849.25

### C. THE ARCHITECH BAR & SOCIAL HOUSE

Date of Disbursement

Three digital displays showing the date 10/02/2014 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '02' for the day, and the third shows '2014' for the year. Each display has small letters above the digits indicating the unit: 'M' for month, 'D' for day, and 'Y' for year.

Transaction ID : SB21B.9012

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

400.00

14799.90

[illegible]



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Unlocking Potential PAC

### A. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9034

Amount of Each Disbursement this Period

39.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

## B. UNITED AIRLINES

Mailing Address PO BOX 4607

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
HOUSTON	TX	77210

Transaction ID : SB21B.9035

Purpose of Disbursement
TRAVEL

Amount of Each Disbursement this Period

Country	Percentage
1	95.00
2	90.00
3	85.00
4	80.00
5	75.00
6	70.00
7	65.00
8	60.00
9	55.00
10	49.00
11	45.00
12	40.00
13	35.00
14	30.00
15	25.00
16	20.00
17	15.00
18	10.00
19	5.00
20	0.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

### C. UNITED AIRLINES

Date of Disbursement

City	State	Zip Code
HOUSTON	TX	77210

Transaction ID : SB21B.9036

Purpose of Disbursement	TRAVEL
-------------------------	--------

Amount of Each Disbursement this Period

208.60

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

296.60

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address PO BOX 4607

City  
HOUSTONState  
TXZip Code  
77210Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : SB21B.9042**

Amount of Each Disbursement this Period

208.60
--------

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address PO BOX 4607

City  
HOUSTONState  
TXZip Code  
77210Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.9049**

Amount of Each Disbursement this Period

377.10
--------

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD.

City  
PHOENIXState  
AZZip Code  
85034Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : SB21B.9033**

Amount of Each Disbursement this Period

217.10
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

802.80
--------

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 30 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564534	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>HYNES COMMUNICATIONS LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	
Mailing Address <b>121 BOW STREET SUITE 6</b>		Amount <b>2866.66</b>	
City <b>PORTSMOUTH</b>	State <b>NH</b>	Zip Code <b>03801</b>	Transaction ID : <b>SE24-999.007</b>
Purpose of Expenditure <b>WEB SERVICE</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>
Name of Federal Candidate <b>CORY GARDNER</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>58263.87</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>NEW RIVER RESEARCH INSTITUTE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	
Mailing Address <b>2150 COUNTRY CLUB RD STE 221</b>		Amount <b>1178.34</b>	
City <b>WINSTON-SALEM</b>	State <b>NC</b>	Zip Code <b>27104</b>	Transaction ID : <b>SE24-999.008</b>
Purpose of Expenditure <b>WEB SERVICE</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>
Name of Federal Candidate <b>CORY GARDNER</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>58263.87</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>4045.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CABELL HOBBS		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564534		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>MLJ CONSULTING INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>10 / 06 / 2014</b>		
Mailing Address <b>PO BOX 371</b>			Amount <span style="border: 1px solid black; padding: 2px;">12500.00</span>		
City <b>ALEXANDRIA</b>		State <b>VA</b>	Zip Code <b>22313</b>		
Purpose of Expenditure <b>STAFF/MANAGEMENT CONSULTING/TRAVEL</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24-980</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>10 / 06 / 2014</b>	
Name of Federal Candidate <b>JEANNE SHAHEEN</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">106232.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>SPECTRUM MARKETING COMPANIES</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>10 / 10 / 2014</b>		
Mailing Address <b>95 EDDY ROAD SUITE</b>			Amount <span style="border: 1px solid black; padding: 2px;">39187.50</span>		
City <b>MANCHESTER</b>		State <b>NH</b>	Zip Code <b>03102</b>		
Purpose of Expenditure <b>PRINTING/POSTAGE</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24-981</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>10 / 10 / 2014</b>	
Name of Federal Candidate <b>JEANNE SHAHEEN</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">106232.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51687.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>CABELL HOBBS</b>			Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>10 / 06 / 2014</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564534	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>HYNES COMMUNICATIONS LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	
Mailing Address <b>121 BOW STREET SUITE 6</b>		Amount <b>2866.67</b>	
City <b>PORTSMOUTH</b>	State <b>NH</b>	Zip Code <b>03801</b>	Transaction ID : <b>SE24-982</b>
Purpose of Expenditure <b>WEB SERVICE</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>
Name of Federal Candidate <b>JEANNE SHAHEEN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>106232.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>NEW RIVER RESEARCH INSTITUTE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	
Mailing Address <b>2150 COUNTRY CLUB RD STE 221</b>		Amount <b>1178.33</b>	
City <b>WINSTON-SALEM</b>	State <b>NC</b>	Zip Code <b>27104</b>	Transaction ID : <b>SE24-983</b>
Purpose of Expenditure <b>WEB SERVICE</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>
Name of Federal Candidate <b>JEANNE SHAHEEN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>106232.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>4045.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CABELL HOBBS		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2014</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00564534</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee <b>JOPAULSH CONSULTING LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 01 / 2014		
Mailing Address PO BOX 31915			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">20050.00</div>		
City PHILADELPHIA		State PA	Zip Code 19104		<b>Transaction ID : SE24.4005</b>
Purpose of Expenditure DIGITAL CONSULTING/WEB SERVICE		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 01 / 2014	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">156740.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>REDWAVE COMMUNICATIONS LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 04 / 2014		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">3350.00</div>		
City DES MOINES		State IA	Zip Code 50312		<b>Transaction ID : SE24.4006</b>
Purpose of Expenditure PRINTING/PRODUCTION		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 03 / 2014	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">156740.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">23400.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CABELL HOBBS			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 01 / 2014
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 34 OF 35  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564534		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>MLJ CONSULTING INC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>PO BOX 371</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">37500.00</div>		
City <b>ALEXANDRIA</b>		State <b>VA</b>	Zip Code <b>22313</b>		
Purpose of Expenditure <b>STAFF/MANAGEMENT CONSULTING/TRAVEL</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE24.4007</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">156740.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>A2 PARTNERS LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>4270 JOHN MARR DRIVE PO BOX 1646</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18000.00</div>		
City <b>ANNANDALE</b>		State <b>VA</b>	Zip Code <b>22003</b>		
Purpose of Expenditure <b>DIGITAL CONSULTING/WEB SERVICE</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE24.4008</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">156740.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55500.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

CABELL HOBBS

[Electronically Filed]

Full Name of Payee <b>NEW RIVER RESEARCH INSTITUTE</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>	
Mailing Address 2150 COUNTRY CLUB RD STE 221		Amount <div> <div>1178.33</div> </div>	
City WINSTON-SALEM	State NC	Zip Code 27104	<b>Transaction ID : SE24.4010</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>
Purpose of Expenditure WEB SERVICE		Category/ Type	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>156740.90</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	4045.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	142722.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature